

IHP news 858 – AI summary: The coin is increasingly melting

The weekly International Health Policies (IHP) newsletter is an initiative of the Health Policy unit at the Institute of Tropical Medicine in Antwerp, Belgium.

Dear Colleagues,

We start this week by highlighting the Call for IHP correspondents 2026—we hope you apply if you fit the criteria.

The global health week opened with the **UHC High-Level Forum in Tokyo** (6 December), which featured the launch of a UHC knowledge hub and a number of national health compacts. Just before this, attention was on Washington DC, where FIFA's Gianni Infantino awarded the inaugural "FIFA peace prize" to Trump. While some observers claimed 'fútbol is a 'bridge to peace,' we imagine average WHO staff must be "super proud" of the WHO-FIFA partnership. The week also saw the launch of the new US national security strategy, which describes Europe as weak and facing 'civilisational erasure'. Given current trends, we may increasingly need to prepare for the Vance era. This issue also focuses on the first US-Africa bilateral deals (with Kenya, Rwanda, Uganda, among others) and reviews last week's PABS round in Geneva. Based on investigative reporting, the mood during the PABS talks was reminiscent of the swans in Lake Geneva: outwardly calm but furiously paddling, and sometimes aggressive, underneath. An Abu Dhabi Summit on polio eradication offered a nightmarish preview of a "reimagined" global health ecosystem dominated by philanthropic foundations (some from shady regimes), minor "catalytic" commitments from former donor countries, and an emphasis on 'blended finance till we drop'. This echoed Kelley Lee's observation that Global Health is now often seen as a rarified world occupied by elites. If global health genuinely seeks to address this 'elite' perception during reimagining exercises, it should first address the staggering finding in the latest World Inequality Report that **just 0.001% of people hold three times the wealth of the poorest half of humanity**. On the planetary health front, UNEP's Global Environment Outlook report (GEO7), 'A Future we choose,' states that the accelerating climate crisis is now a major driver of global instability, noting that framing has shifted from discussions of 'sustainable development' to warning of the 'risk of collapse'. As today (12 December) is UHC Day, we reflect on the UHC monitoring report, noting that in times of planetary emergency and permacrisis, the mantra "health security & UHC are two sides of the same coin" needs an update, as the coin is increasingly melting.

Featured Articles

The Featured Articles tackle current crises of leadership and design in global health. **Fatuma Guleid** discusses the pervasive **cynicism** fostered by witnessing evidence and reason falter against power, interests, and values when addressing persistent existential threats. Though cynicism can feel like honesty, she cautions that it is ultimately a constraint. Conversely, Arush Lal and Katri Bertram argue that the current momentum for global health reform (e.g., the Accra Reset, the Lusaka Agenda) risks fragmentation, demanding a coherent, unifying vision. They contend that **Universal Health Coverage (UHC) must anchor global health architecture reform** to ensure legitimacy and survival, as it unites demands for sovereignty, equity, and resilience.

Highlights of the week

UHC High-Level Forum in Tokyo (5-6 Dec)

The forum featured the launch of the **Universal Health Coverage Knowledge Hub** and National Health Compacts. A joint report from the WHO and the World Bank found that since 2000, most countries have made concurrent progress, with the Service Coverage Index rising from 54 to 71 points by 2023, and financial hardship (measured by out-of-pocket health payments, OOP) declining from 34% to 26% of people experiencing it by 2022. Nevertheless, global progress has slowed since 2015, and major challenges persist: **4.6 billion people still lack access to essential health services**, and 2.1 billion experience financial hardship, including 1.6 billion pushed deeper into poverty due to health expenses. Inequalities are stark, with three out of four people among the poorest segment facing financial hardship compared with fewer than one in 25 among the richest. The report called for action in six core areas, including ensuring essential healthcare is free at the point of care for vulnerable populations and expanding public investments in health systems. The World Bank Group (WBG) aims to help 1.5 billion people access affordable, quality health services by 2030. To advance this, 15 countries introduced **National Health Compacts**—five-year reforms focused on expanding primary care, improving financial protection, and strengthening the health workforce, endorsed by Health and Finance Ministries. Philanthropic partners mobilised up to \$410 million in support. The WBG and the Global Fund, as well as the WBG and Gavi, each signed Memoranda of Understanding (MoUs) planning to mobilise at least **US\$2 billion** in joint financing over the next three to five years to strengthen health systems. The GFF also launched its new strategy, **TRANSFORM 2030**, focused on transforming health systems to achieve UHC and resilience while reaffirming its vision to end preventable deaths of women, children, and adolescents. Despite directional progress, Peter Singer argues the report demonstrates that virtually no progress has been made on UHC since 2015, calling it an "Emperor has no clothes" scenario. Critics also argue that the National Health Compacts are fundamentally one-sided deals, where governments commit to reforms but donors are not held accountable for their roles or expected to align their financing. Low-income countries face severe financing gaps, with public health spending below pre-pandemic levels in 2023, while donor aid reached an unprecedented high of 32% of total spending.

PPPR – on PABS negotiations and more

The fourth round of intensive negotiations on the world's first **Pathogen Access and Benefit Sharing (PABS) system**—an annex to the Pandemic Agreement—concluded with countries deciding to resume deliberations sooner, in January, reflecting the shared commitment and urgency. The talks originally took place in Geneva from 1–5 December 2025, and countries requested an extension, agreeing to resume on 20–22 January 2026, with the fifth meeting scheduled for 9–14 February 2026.

Despite the "urgency" noted by senior officials, who recognized that "multilateralism was at stake," the two main groupings—largely higher-income countries and the lower- and middle-income **Group for Equity**—remained far apart on key issues. Specifically, no common ground was found on **benefits predictability and legal certainty** in the PABS system. Developing countries, represented by the Group of Equity and 51 African nations, submitted draft standard contracts—including contracts on data access, and transfer of material and sequence information with labs and manufacturers—believing these contracts are integral to the PABS annex and necessary to provide legal certainty.

A key tension in the PABS talks lies between **open access versus traceability**. Some favor unrestricted access to pathogen data and sequences to speed up research and development, while others argue that benefits can only be enforced if use is traceable and users are visible.

These multilateral efforts are being shaped by emerging geopolitics, particularly the **US-Africa axis**. The US signed its first bilateral health agreements, which include pathogen-sharing arrangements, with Kenya and Rwanda last week. These Memoranda of Understanding (MOUs) may potentially **undercut any global agreement** by giving the US early access to information on dangerous pathogens. African experts, hesitant to speak on the record, suggest that African countries are prioritizing short-term interests by pursuing the bilateral path, despite talks of sovereignty and greater self-reliance.

Health Emergencies

The **Sabin Vaccine Institute** sent more than 640 doses of its investigational **cAd3-Marburg Vaccine** to Ethiopia to support the country's first-ever outbreak response to Marburg virus disease, a highly contagious hemorrhagic fever with a case fatality rate of up to 88%. There are currently no licensed vaccines or treatments for Marburg. Ethiopia, which has recorded 13 confirmed cases, agreed to conduct a Phase 2, open-label trial of the experimental vaccine for high-risk individuals, such as healthcare and front-line workers. The vaccine, developed by scientists at the National Institutes of Health, is also in Phase 2 trials in Uganda and Kenya.

Reimagining Global Health

Reimagining global health architecture requires not only technical adjustments but also **political will and commitment**. Authors from Africa CDC suggest that the agency's leadership, grounded in the **Lusaka Agenda**, offers an actionable framework for building a more equitable and resilient global health system, dependent on sustained investment and reform of global institutions to reflect new dynamics. Partnerships must be based on shared responsibility and mutual respect.

Kelley Lee addresses the waning public trust in global health, arguing that it is increasingly seen as a **"rarified world occupied by elites"** whose decisions are detached from everyday realities. To counter this perception, global health scholars must go beyond research and policy influence to engage in social innovation and master new skills to engage with the public. Lee stresses the importance of advancing research among policymakers while also **advocating for good governance** as a starting point for rebuilding public trust, suggesting that the academic and policy worlds need to be demystified through greater transparency and accountability.

Abu Dhabi polio pledging moment

Global leaders, philanthropists, and global health partners announced a collective **US\$1.9 billion** in Abu Dhabi to advance polio eradication, including approximately \$1.2 billion in newly pledged funds. This narrows the remaining resource gap for the Global Polio Eradication Initiative's (GPEI) 2022–2029 Strategy to \$440 million.

Major pledges included **\$1.2 billion from the Gates Foundation**, \$140 million from the Mohamed bin Zayed Foundation for Humanity, and \$450 million from Rotary International. The funding will accelerate efforts to reach 370 million children yearly with polio vaccines and strengthen health systems. Notably, the pledge from the United States, traditionally GPEI's second-largest donor, was only **\$46 million**, a fraction of its past contributions. The US had contributed approximately \$230 million in 2023. The Abu Dhabi Summit was hosted by the Mohamed bin Zayed Foundation for

Humanity in partnership with GPEI, on the margins of Abu Dhabi Finance Week. The WHO Director-General, in related remarks, proposed three pathways for maternal and child health: investing in high-impact acceleration packages (e.g., postpartum haemorrhage), financing the systems that make solutions real (e.g., midwives, referral), and committing to predictable, multi-year financing aligned with national/global priorities, referencing pooled mechanisms like the proposed Beginnings Fund.

More on Global Health Governance & Financing

Africa's public health landscape is marked by numerous disease outbreaks, including Mpox, Cholera, Marburg, and Ebola. Against this backdrop, the **Africa CDC** is redefining Africa's place in global health through its long-term strategy, the **Africa Health Security and Sovereignty (AHSS) Agenda**, which centers on sovereignty, domestic financing, digital transformation, and local manufacturing. Africa CDC aims to anchor member states during emergencies, aligning decision-making and linking national systems to continental processes. While Africa CDC's presence in international negotiations has grown and contributed to African positions, countries still maintain their own negotiating stance.

The **first bilateral health agreements** signed by the US with African countries—including Kenya, Rwanda, and Uganda—have sparked debate. The US-Kenya deal, worth \$1.6 billion, is intended as a proof-of-concept for a "sustainable U.S. health assistance model". This strategy involves the gradual transition of managing health commodity procurement and transferring US-funded frontline worker salaries to the Kenyan government's payroll. The US aims for countries to no longer require current levels of foreign assistance within five to eight years, focusing on efforts to improve domestic healthcare infrastructure. The agreements require partner governments to **coinvest from their national budgets** rather than using funds from other donors. The US-Rwanda agreement, for instance, includes \$228 million in US support, while Rwanda commits to increasing its domestic investment by \$70 million. The US is seeking market access, economic, and military cooperation through these deals, though critics note little visible interest in driving real change. Rwanda's deal includes \$10 million for Ginkgo Bioworks to expand disease surveillance, creating a regional "biothreat radar". Notably, the Kenyan government stated it did **not negotiate a specimen-sharing agreement** with the US, which the US had desired.

Civil society organisations have raised concerns regarding the **rapid signing of these US bilateral health deals**, noting a lack of public consultation and that the terms are dictated by the US, potentially leading to African nations losing collective bargaining power. They argue that bilateral partnerships should be co-developed, mutually beneficial, and aligned with national interests.

In other governance news, the future of **UNAIDS** is under consideration, with its board meeting to decide the agency's path. Options include paring back UNAIDS to focus solely on rights, accountability, community engagement, and coordination while transferring biomedical functions to WHO, closing it entirely, or widening its mandate to include tuberculosis and malaria. Experts warn that an abrupt dismantling risks undermining gains in one of global health's most notable collective efforts. UNAIDS Executive Director Winnie Byanyima called on African leaders to resource the HIV response, protect human rights, and leverage new innovations, stating that **"ending AIDS is a political choice"**. Data from the President's Emergency Plan for AIDS Relief (PEPFAR) showed that it treated 14.4 million women in 2024, highlighting their reliance on the programme amid funding uncertainty.

Gavi, the Vaccine Alliance, has reduced its staff by 33% and will roll back support to partners like WHO and UNICEF by approximately 30% for the 2026–2030 period, following a funding drive shortfall. The new Gavi strategy, "Gavi Leap," provides greater power to countries to determine their own vaccine priorities, allocating nearly 90% of its vaccine procurement budget directly to countries

through "country vaccine budgets". The organisation will also increase its support for fragile and conflict settings by 15%. African nations are increasingly turning to domestic financing solutions, such as **health taxes** on tobacco, alcohol, and sugary drinks, to fund health systems and fight non-communicable diseases as foreign aid declines.

Global Tax Justice & Debt crisis

The latest **World Inequality Report** found that global inequality has reached extremes, with just **0.001% of the world's population (fewer than 60,000 people) holding three times the wealth of the poorest half of humanity**. The report states that the richest 10% of the world's population own 75% of the wealth, and notes that inequality is fuelled by a global financial system rigged in favour of rich countries. It highlights that wealth accumulation, driven by investments, plays a critical role in carbon emissions, as **wealthy individuals fuel the climate crisis** even more than through their consumption. Reducing inequality requires public investment in education and health, and effective taxation and redistribution programmes, given that the ultra-rich often escape taxation.

Negotiations for the world's first UN Framework Convention on International Tax Cooperation, which recently took place in Nairobi, highlighted deep divisions on issues such as taxing rights, transparency, capacity building, and the taxation of high-net-worth individuals. Tax abuse and illicit financial flows exacerbate the feminisation of poverty and entrenched gender inequalities in Africa by reducing public revenue and pushing states towards regressive tax policies, debt, and austerity measures.

To improve debt sustainability, a **Sovereign Borrowers' Club** has been proposed, which should focus on mutual capacity-building in four areas: preserving market access during debt restructuring, integrating long-term sustainable growth into financial programming, ensuring capital for restructuring supports high-quality investment programs, and improving debt transparency.

Trump 2.0

The US fiscal year 2025 saw **\$32.5 billion disbursed** in aid, but analysis suggests that the vast majority of this funding went to projects agreed upon under the previous administration, with little allocated to new projects initiated since the transfer of aid to the State Department. In a concerning development in US health policy, a vaccine advisory panel (ACIP), recently reformed to include vaccine skeptics, voted to **eliminate the three-decade-long recommendation** that all newborns in the US receive the hepatitis B vaccine at birth. The vote was 8-3 in favour of revising the US childhood immunization schedule, recommending instead that parents delay the first dose until two months or later and consult with their doctors. Medical groups like the American Academy of Pediatrics immediately denounced this change, which must still be approved by the acting director of the Centers for Disease Control and Prevention (CDC).

NCDs & Commercial Determinants of Health

Australia initiated a **world-first social media ban for children and teens under 16**, requiring the removal of accounts on major platforms including TikTok, Facebook, Instagram, X, and YouTube. This move has been described by scientists as a "natural experiment".

A new report warns that synthetic chemicals, such as phthalates, bisphenols, pesticides, and Pfas "forever chemicals," which are crucial to the current food system, are driving increased rates of cancer, neurodevelopmental conditions, and infertility. This results in a health burden of up to **\$2.2**

trillion a year, which is approximately equivalent to the profits of the world's 100 largest publicly listed companies.

Mental Health

A major meta-analysis involving over 17,000 adults found that **slow tapering of antidepressants combined with psychological support** is the most effective strategy for stopping medication, preventing relapse to a similar extent as remaining on antidepressants. This combined approach was significantly more effective than fast tapering or suddenly stopping the medication. The study suggests that slow tapering with support could prevent one relapse in every five individuals compared with abrupt stopping. However, the authors noted that evidence supporting psychotherapy is limited and requires further study, and the evidence for anxiety is less robust compared with depression.

SRHR (Sexual and Reproductive Health and Rights)

The deliberate dismantling of comprehensive, rights-based approaches to SRHR is accelerating, replaced by narrow technocratic models that prioritize metrics and "scalability" over the structural, legal, and social determinants of health. This is viewed as a **political retreat** from foundational principles like gender justice, health equity, and human rights, with decades of progress being reversed due to funding collapse and institutions reshaping their mandates to appease donor agendas. Language of rights, choice, autonomy, and justice is being quietly replaced in global frameworks by instrumentalist narratives about "investing in women" for economic growth, where women are viewed as a means to an end, rather than autonomous rights-holders. Funding is increasingly justified only when linked to security concerns, such as migration control or pandemic preparedness, often framed through the lens of Global North interests. The financial collapse of SRHR is both a cause and consequence of this regression, forcing institutions to risk extinction if they do not rebrand.

In a related development, Meta has been shutting down or restricting global accounts linked to **abortion advice and queer content**, affecting over 50 organisations worldwide, including those serving women in Europe, the UK, Asia, Latin America, and the Middle East.

Planetary Health

Governments weakening environmental protections to promote new mining projects are driving a global scramble for critical minerals, deepening social divides, and harming vital ecosystems. The production of food and fossil fuels is causing an estimated **\$5 billion of environmental damage per hour**. The UNEP's GEO report states that ending this harm is key to the global transformation of governance, economics, and finance required "before collapse becomes inevitable". This report found that the costs of environmental damage—or externalities—from food systems (\$20 trillion), transport (\$13 trillion), and fossil-fuel powered electricity (\$12 trillion) must be priced into energy and food to reflect their real cost.

Access to medicines, vaccines & other health technologies

A parent-led buyers' club successfully challenged Cystic Fibrosis giant Vertex, leading to a generics firm manufacturing a more affordable version of Trikafta.

Conflict/War/Genocide & Health

Gavi, the Vaccine Alliance, issued a statement strongly condemning the targeting, harm, and obstruction of health workers, as well as the disruption of essential health and immunisation services in conflict areas. The UN's newly appointed Special Adviser on the Prevention of Genocide warned that the world is witnessing an alarming erosion of respect for international law, with conflicts increasingly targeting civilians and heightening the risk of atrocity crimes, stating that **"The risk of atrocities... is very, very high"**. Meanwhile, Doctors Without Borders/Médecins Sans Frontières (MSF) reported a deteriorating humanitarian situation in South Sudan, where the faltering health system and escalating violence threaten lives, even as international interest and support decline.

More reports & publications of the week

A systematic analysis for the Global Burden of Disease Study 2023 estimated that globally, in 2023, 608 million females aged 15 and older had been exposed to intimate partner violence (IPV), and 1.01 billion individuals aged 15 and older had experienced sexual violence during childhood (SVAC). Researchers studying financial protection in the West African Economic and Monetary Union (UEMOA) region introduced a novel measure that combines foregone care, impoverishing health expenditure (IHE), and catastrophic health expenditure (CHE). Using this new multidimensional metric, they found that nearly **40% of the UEMOA population lacks financial protection**, four times higher than estimates based solely on the conventional CHE measure.

Miscellaneous

The UN human rights branch is currently in **"survival mode"** due to a funding crisis, resulting in 300 job cuts and the scaling back of investigations and operations. The UN rights chief noted that his office failed to receive \$90 million of its approved \$246 million budget, while contrasting this with the rise of coordinated and well-funded "anti-rights and anti-gender movements". The UN and partners launched a **\$33 billion Global Humanitarian Overview 2026** appeal, seeking \$23 billion as the immediate priority to provide lifesaving support to 87 million people worldwide. This appeal comes after the 2025 appeal received only \$12 billion, the lowest funding in a decade, resulting in humanitarians reaching 25 million fewer people than the previous year. Separately, UNICEF warned of a deepening global crisis for children, appealing for over \$7 billion to support 73 million vulnerable children in the coming year, as funding shortfalls force lifesaving projects to close. Finally, the vast majority of WHO member states report that **40 to 90 per cent of their populations use traditional medicine**, driven by factors like chronic diseases and mental health needs. Despite this widespread use, less than one per cent of global health research funding currently supports traditional medicine.